Hearing Screening Log Sheet

Fax completed page to MI-EHDI: 517-763-0183 or mail copy to: MDHHS-EHDI PO Box 30195, Lansing, MI 48909

	Midwifery Hearing screenings				ngs	A-ABR	Results		Note if this is a repeat (2nd) screen, or an
				,				incomplete screen, missing	
Screen Date:	Child's name	D.O.B	Mother's name	Midwife:			Ear	to EHDI	ear/ear canal or other

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		Midwifery Hearing screenings			ings	A-ABR Results			Note if this is a repeat (2nd) screen, or an incomplete
								Date reported	screen, missing ear/ear canal
Screen Date:	Child's name	D.O.B	Mother's name	Midwife:			Ear	to EHDI	or other concerns:

If refer/fail on 1st hearing screen, schedule follow up hearing rescreen appt within 2 weeks.

Report all screens within 7 days of completion to MI Dept of Health Human Services - EHDI program.